



Exhibit B  
GHI Supplemental Program

# The State of New York Unified Court System

Summary of Benefits for the JCS Dental Program and  
JCS Supplemental Dental Program for Out-of-Network Benefits

Under the **New York State Dental Program**, coverage is provided for services received either in-network from GHI participating Preferred network providers or out-of-network.

- When you receive covered services from participating network providers, GHI reimburses the provider directly. You do not have to submit a claim form.
- When you receive covered services from non-participating providers, you pay the provider directly and submit a claim to GHI. GHI reimburses you according to the terms of your NYS Dental Program. In addition to your NYS Dental Program benefits, however, you receive additional coverage for out-of-network services through the **Unified Court System (UCS) Supplemental Dental Program**. Any unpaid balance on an out-of-network claim filed under the NYS Dental Program will automatically be considered for additional benefit payment under the UCS Supplemental Dental Program. There is no need to file a separate claim form.

The chart below is intended to outline your dental benefits under both the New York State and UCS Supplemental Dental Programs:

BENEFITS	IN-NETWORK	OUT-OF-NETWORK NYS DENTAL PLAN AND UCS SUPPLEMENTAL PLAN
<b>Type A – Preventive and Diagnostic Services</b>		
<b>Examinations</b> - 2 per calendar year. 1 initial, comprehensive examination per dentist, per lifetime.	<b>NYS:</b> Covered in Full. Provider accepts 100% of the Preferred Schedule of Allowances as payment in full	<b>NYS:</b> GHI reimburses you up to 100% of the Preferred Schedule of Allowances.  <b>UCS:</b> GHI reimburses you for the difference between 100% of the Preferred Schedule and the GHI UCS Allowance for covered services. However, combined payments will not exceed the out of network provider's billed charges
<b>Prophylaxes (Cleanings)</b> - 2 per person per calendar year.		
<b>X-Rays</b> - 4 bitewing x-rays per calendar year. - One full-mouth series of x-rays or 1 panoramic film once every 3 years.		
<b>Fluoride Treatments</b> - 1 per calendar year to age 19 (end of calendar year child reaches age 19).		
<b>Space Maintainers</b> - 1 per dependent child, per lifetime. Coverage provided until end of calendar year child reaches age 19.		
<b>Mouth Guards</b> - 1 per dependent child, per lifetime. Coverage provided until end of calendar year child reaches age 19.		
<b>Sealants</b> - Dependent children are eligible for sealants until the end of the month in which they reach age 14, once per covered tooth every 3 years.		

BENEFITS	IN-NETWORK	OUT-OF-NETWORK NYS DENTAL PLAN AND UCS SUPPLEMENTAL PLAN
<b>Type B – Basic Services</b>		
<p><b>Extractions</b></p> <p><b>Basic Restorations (Fillings)</b></p> <ul style="list-style-type: none"> <li>- Posterior composite fillings are reimbursed at the amalgam fee.</li> </ul> <p><b>Endodontics (Root Canal Therapy)</b></p> <ul style="list-style-type: none"> <li>- Pulpotomy covered once per tooth, per lifetime. Not covered if root canal done on same tooth by same provider within prior 3 months.</li> </ul> <p><b>Periodontics (Treatment of diseases of the gum and jaw)</b></p> <ul style="list-style-type: none"> <li>- 5 periodontal treatments per calendar year.</li> <li>- 1 type of periodontal surgery and/or 1 graft per quadrant.</li> </ul> <p><b>Oral Surgery (Surgical removal of an erupted tooth)</b></p> <ul style="list-style-type: none"> <li>- Charges for x-rays taken solely for surgery, local anesthesia and post-operative care included in allowance for oral surgery.</li> <li>- Coverage includes surgery for impacted teeth.</li> </ul> <p><b>Anesthesia and IV Sedation</b></p> <ul style="list-style-type: none"> <li>- Covered for general anesthesia and IV sedation for covered services. Charges for local anesthesia are included in the allowance for the dental procedure. No separate allowance for local anesthesia. Analgesia and monitoring devices not covered.</li> </ul> <p><b>Palliative Services (Relief of pain)</b></p> <ul style="list-style-type: none"> <li>- 1 service per calendar year, emergencies only.</li> </ul> <p><b>Repair of Appliances (Dentures)</b></p> <ul style="list-style-type: none"> <li>- Replacement of broken teeth or clasps, recementation of inlays, crowns, bridges and space maintainers. Replacement of broken facings.</li> </ul> <p><b>Tests and Laboratory Exams</b></p> <ul style="list-style-type: none"> <li>- Biopsy and examination of oral tissue.</li> </ul>	<p><b>NYS:</b> Covered in Full. Provider accepts 100% of the Preferred Schedule of Allowances as payment in full</p>	<p><b>NYS:</b> GHI reimburses you up to 80% of the Preferred Schedule of Allowances.</p> <p><b>UCS:</b> GHI reimburses you for the difference between 80% of the Preferred Schedule and GHI's Reasonable and Customary charges for covered services. However, combined payments will not exceed the out of network provider's billed charges.</p>
<b>Type C – Major Services</b>		
<p><b>Prosthetics (Dentures)</b></p> <ul style="list-style-type: none"> <li>- Both immediate and permanent dentures, full or partial, repair, and crowns over implants.</li> <li>- Replacement or substitution of appliances covered only after 5 years have passed since appliance was inserted.</li> <li>- Coverage provided for crowns or pontics for attachment or clasp purposes only if tooth cannot be restored by fillings.</li> <li>- Duplication (Jump), rebase or chairside reline limited to 1 per denture in a 5-year period.</li> <li>- Rebase or repair of new dentures covered only after 6 months from insertion date of the denture.</li> <li>- When a fixed bridge and partial denture are inserted in same arch, only the partial denture is covered unless 5 years have passed since prior insertion of fixed bridge or partial denture.</li> <li>- No separate allowance for temporary service or appliance.</li> <li>- Crowns over implants are reimbursed based upon the allowance for a single crown, porcelain fused to predominantly base metal. The patient is responsible for the difference between the dentist's normal submitted fee and the GHI payment amount.</li> </ul>	<p><b>NYS:</b> Covered in Full. Provider accepts 100% of the Preferred Schedule of Allowances as payment in full</p>	<p><b>NYS:</b> GHI reimburses you up to 80% of the Preferred Schedule of Allowances.</p> <p><b>UCS:</b> GHI reimburses you for the difference between 80% of the Preferred Schedule and the GHI UCS Allowance for covered services. However, combined payments will not exceed the out of network provider's billed charges.</p>

BENEFITS	IN-NETWORK	OUT-OF-NETWORK NYS DENTAL PLAN AND UCS SUPPLEMENTAL PLAN
<b>Type C – Major Services (cont'd)</b>		
<p><b>Major Restorative</b></p> <ul style="list-style-type: none"> <li>- Includes crowns, related post and core procedures and inlays.</li> <li>- Crowns and inlays covered only when used as primary support for fixed appliances.</li> <li>- Posts covered only if there is evidence of root canal on the tooth.</li> <li>- Charges for cementation of crown/inlay is included in allowance for the crown/inlay.</li> </ul>	<p><b>NYS:</b> Covered in Full. Provider accepts 100% of the Preferred Schedule of Allowances as payment in full</p>	<p><b>NYS:</b> GHI reimburses you up to 80% of the Preferred Schedule of Allowances. <b>UCS:</b> GHI reimburses you for the difference between 80% of the Preferred Schedule and the GHI UCS Allowance for covered services. However, combined payments will not exceed the out of network provider's billed charges.</p>
<b>Type D – Orthodontics</b>		
<p><b>Orthodontic Base Coverage Level</b></p> <ul style="list-style-type: none"> <li>- Orthodontic services are available only to your enrolled dependent children under age 19</li> </ul>	<p><b>NYS:</b> GHI will pay the provider at the applicable program allowance for covered services. Each eligible dependent child is covered for up to 20 months of active treatment and 18 months of passive treatment, up to a combined in and out of network lifetime maximum of \$2,000.</p>	<p><b>NYS:</b> Each eligible dependent child is covered for up to 20 months of active treatment and 18 months of passive treatment, up to a combined in and out of network lifetime maximum of \$2,000. <b>UCS:</b> Orthodontia services are reimbursed for each covered dependent up to 100% of the GHI / UCS allowance up to a separate lifetime maximum of \$2,000. However, combined NYS and UCS payments will not exceed the out of network provider's billed charges</p>
<p><b>Adult Orthodontia</b></p> <ul style="list-style-type: none"> <li>- The maximum lifetime orthodontic benefit per covered adult is \$2,000</li> </ul>	<p>No Coverage</p>	<p><b>NYS:</b> No Coverage <b>UCS:</b> Adult Orthodontia services are reimbursed up to 100% of the GHI/UCS allowance for each covered adult, up to a lifetime maximum of \$2,000.</p>
<b>Implants</b>		
<p><b>Implants</b></p>	<p>No Coverage</p>	<p><b>NYS:</b> No Coverage <b>UCS:</b> GHI reimburses you up to 100% of the GHI/UCS allowance, up to a separate lifetime maximum of \$7,500 per person.</p>

**Dependent Coverage:**

Children are eligible until age 19, end of month, and students are eligible until age 25, end of month.

**Annual Deductible:**

\$25 per individual, not to exceed \$75 per family. Deductible waived for preventive care services.

**Annual Maximum:**

The annual maximum under the NYS Preferred Plan is \$1,800 per covered member. The annual maximum under the UCS Supplemental Plan is \$2,500 per covered member. Each maximum is calculated separately based on reimbursement to your provider or you.

**Orthodontic and implants** are subject to separate per person lifetime maximums.

**Filing a Claim:**

When you receive covered services from a participating dentist, the dentist accepts GHI's allowance as payment-in-full (subject to the annual deductible and applicable annual and lifetime benefit maximums) and bills GHI directly. Only one claim form is required for both Programs.

When you use a non-participating dentist, GHI will reimburse you for covered services based on a Schedule of Allowances, under both the NYS Dental Program and the UCS Supplemental Dental Program.

**Predetermination of Benefits:**

This is a process by which GHI reviews and estimates benefits before services are rendered. It helps you to know in advance the services and materials GHI will cover or the benefits GHI will provide. It is available upon request for certain services. It is not available for Type A services. To obtain a Predetermination of Benefits, submit a Treatment Plan to GHI before receiving oral surgery, prosthetics or appliances. GHI will review the Treatment Plan and inform you and your Provider of the results. Actual benefits may vary based upon new information received by GHI after it has issued the Predetermination of Benefits. Predetermination of Benefits are recommended but not required for treatment costing over \$300 but is required for orthodontic services.

**Dental Services Not Covered:**

In addition to exclusions noted above, these programs provide no coverage for cosmetic surgery and treatment unless otherwise medically necessary, prescription drugs and medications, services and appliances for the treatment of temporomandibular joint (TMJ) dysfunction, behavioral management, temporary services, and other services not listed as covered. You are not covered for services that do not conform to accepted standards of dental practice.

**Customer Service:** Please call our dedicated Customer Service line with any questions at 1-800-947-0101

***NOTE:** This is not a complete benefit comparison or a contract, and should only be viewed as a brief summary to assist you in understanding these GHI benefit programs. Detailed benefits descriptions, including terms, limitations and exclusions, are contained within the Certificates of Insurance. The terms, conditions, limits and exclusions shown in the Certificates of Insurance shall govern.*